

Commonwealth of Massachusetts Human Resources Division
2005 Fire Promotional Exams for Lieutenant and Captain
Employment Verification Form

Instructions: The Appointing Authority (or his/her designee) must sign and date this form, certifying the information provided for each promotional applicant. Attach additional sheets if necessary. The applicant should bring this form, completed with the necessary information and an original signature from the Appointing Authority (or his/her designee) to the exam site on the day of the promotional exam, November 19, 2005. If the applicant chooses to mail the completed form with original signature to HRD, the form must be postmarked no later than 7 calendar days after the exam, or November 26, 2005.

Name of Applicant: _____ **Social Security #:** _____
Verifying Department: _____ **Exam Title:** _____ **Annc. #:** _____

I. PERMANENT SERVICE

List Date of Original Permanent Appointment: _____ Title: _____

List Dates and Reasons for any breaks in service: _____

II. PROMOTIONS WITHIN DEPARTMENT

List Dates of Promotions and Rank:

<u>Rank:</u>	<u>Date of Promotion:</u>
_____	_____
_____	_____
_____	_____

II. RESERVE, INTERMITTENT, ACTING, PROVISIONAL, TEMPORARY SERVICE OR OTHER EXPERIENCE IN THE DEPARTMENT. (Examples: Acting Lt., Temp. Capt., etc.)

List Service Prior to November 19, 2000 (11/19/2000).

<u>Rank:</u>	<u>Total # of Shifts/Hrs:</u> (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include the word "Shifts" or "Hrs".)	<u>Dates of Service Timeframe:</u> (From - To)
(Example: Acting Lieutenant)	15 Shifts	7/12/1997 - 9/1/1999)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List Service On or After November 19, 2000 (11/19/2000).

<u>Rank:</u>	<u>Total # of Shifts/Hrs:</u> (Within specified Service Timeframe. If full-time, enter "FT". If part-time, include the word "Shifts" or "Hrs".)	<u>Dates of Service Timeframe:</u> (From - To)
(Example: Temporary Captain)	FT	2/1/2005-11/19/2005)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Print Name of Appointing Authority (or designee): _____

Title of Designee: _____

Signature of Appointing Authority (or designee): _____ **Date:** _____